

Permit #: 20155

Date Issued: 2-2-96

County: Bates

Date Cancelled: _____

CONFIDENTIAL UNTIL: _____

Date Plugged: 2-2-96

COMMENTS:

OGC FORMS	Date Received
1	
2	
3	
3i	2-2-96
4	
4i	
5	
6	
7	
8	3-1-96
11	
12	
Misc. Form 2	

	TYPE	ID #	Date Received
Logs			
Samples	chip		
	core		
Analyses	water		
	core		
Additional Submitted Data:			

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

APPLICATION TO DRILL ☐DEEPEN ☐ PLUG BACK ☐for an oil well ☐or gas well ☐

Hydrocarbon Test X

NAME OF COMPANY OR OPERATOR Town Oil Co. DATE 1-30-9616205 W. 287 St.PaolaKansas 66071

Address

City

State

DESCRIPTION OF WELL AND LEASE

Name of lease <u>Laughlin</u>	Well number <u>12</u>	Elevation (ground) - <u>862</u>
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WELL LOCATION (give footage from section lines)
850 ft. from (N) (S) sec. line 2050 ft. from (E) (W) sec. line

WELL LOCATION
 Section 35 Township 39N Range 33W County Bates

Nearest distance from proposed location to property or lease line: N/A feet
 Distance from proposed location to nearest drilling, completed or applied for well on the same lease: N/A feet

Proposed depth. <u>75</u>	Drilling contractor, name & address <u>Town Oil Co.</u>	Rotary or Cable Tools <u>Rotary</u>	Approx. date work will start <u>1-30-96</u>
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Number of acres in lease. <u>120</u>	Number of wells on lease, including this well, completed in or drilling to this reservoir: <u>0</u> Number of abandoned wells on lease: <u>0</u>
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If lease, purchased with one or more wells drilled, from whom purchased: Name N/A No. of Wells: producing 0
 Address N/A injection 0
 inactive 0
 abandoned 0

Status of Bond

Single Well ☐ Amt. Blanket Bond ☒ Amt. \$60,000

☐ ON FILE
☒ ATTACHED

Remarks: (If this is an application to deepen or plug back, briefly describe work to be done, giving present producing zone and expected new producing zone) use back of form if needed.

N/A

Proposed casing program: <u>N/A</u>				Approved casing -- To be filled in by State Geologist <u>N/A</u>			
amt.	size	wt./ft.	cem.	amt.	size	wt./ft.	cem.

I, the undersigned, state that I am the of the (company), and that I am authorized by said company to make this report, and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

Signature Lulu TownPermit Number 20155☒ Drillers log required☒ Drill stem test info. required if runApproval Date 2/2/96☒ E-logs required if run☐ Samples requiredApproved By Jane Hall☐ Core analysis required if run☐ Samples not required

Note. This Permit not transferable to any other person or to any other location.

WATER SAMPLES REQUIRED ☐

Remit two copies to: Missouri Oil and Gas Council
 P.O. Box 250 Rolla, Mo. 65401
 One will be returned for driller's signature

OWNER Town Oil Co.						ADDRESS 16205 W. 287 St. Paola, KS. 66071									
NAME OF LEASE Laughlin						WELL NUMBER 12			PERMIT NUMBER (OGC-3 OR OGC-3I NUMBER) 20155						
LOCATION OF WELL 850' FSL 2050' FEL						SEC-TWP-RNG OR BLOCK & SURVEY 35-39N-33W			COUNTY Bates						
APPLICATION TO DRILL THIS WELL WAS FILED IN NAME OF: Town Oil Co.						HAS THIS WELL EVER PRODUCED OIL OR GAS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			CHARACTER OF WELL AT COMPLETION (INITIAL PRODUCTION) OIL (BBLS/DAY) N/A GAS (MCF/DAY)			DRY?			
DATE ABANDONED 2-2-96		TOTAL DEPTH 24"		AMOUNT WELL PRODUCING PRIOR TO ABANDONMENT OIL (BBLS/DAY)			N/A GAS (MCF/DAY)			WATER (BBLS/DAY)					
Name of each formation containing oil or gas. Indicate which formation open to well bore at time of abandonment. N/A						Fluid content of each formation			Depth interval of each formation			Size, kind, & depth of plugs used, giving amount cement.			
												1 sack cement			
SIZE PIPE						PUT IN WELL (FT)		PULLED OUT (FT)		LEFT IN WELL (FT)		GIVE DEPTH AND METHOD OF PARTING CASING (SHOT, RIPPED, ETC.)		PACKERS AND SHOES	
N/A														RECEIVED MAR 01 1996 MO Oil & Gas Council	
WAS WELL FILLED WITH MUD-LADEN FLUID?						INDICATE DEEPEST FORMATION CONTAINING FRESH WATER									
NAME AND ADDRESSES OF ADJACENT LEASE OPERATORS OR OWNERS OF THE SURFACE															
NAME						ADDRESS						DIRECTION FROM THIS WELL			
N/A															
METHOD OF DISPOSAL OF MUD PIT CONTENTS						N/A									
NOTE						FILE THIS FORM IN DUPLICATE WITH: (USE REVERSE SIDE FOR ADDITIONAL DETAIL)									
CERTIFICATE I, the undersigned, state that I am the partner of the Town Oil Co. (Company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct, and complete to the best of my knowledge.															
SIGNATURE Lester Town												DATE 1-19-96			

[illegible]

RECEIVED
MAR 10 1956

* Show all important zones of porosity, detail of all cores, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.

Attach drillers log or other acceptable log of well if available.

This Well Completion or Recompletion report and well log shall be filed with the Missouri State Geologist not later than 30 days after project completion.